

The City of Liberty Hill

P O Box 1920, Liberty Hill, Texas 78642 Phone: (512) 778-5449 Fax: (512) 778-5418

FOR OFFICE USE ONLY CASE NO.:	
DATE SUBMITTED:	_
TIME:	
STAFF:	_

Check one:	One-Day Permit (\$20)	☐ 30-Day Permit (\$100)	6-Month Permit (\$400)
The	following items must be submitted	for the application to be cons	idered for review.
\$20 - \$400	MINIMUM SUBMIT Application Fee (see above)	TAL REQUIREMENTS	
Application may not be Proof of cur Written Peri Addresses a Written auth Copy of sale Copy of each Copy of e	completed in full. This application for adjusted or altered. Please attach parent liability coverage mission from private property owners and graphical description of sales local orization to operate in a Food Services tax permit and Handler's Permit from Williamson (hemployee's driver's license	ges if additional information is p / representatives (not required ations e Establishment	orovided. for public property) WCCHD)
A Mobile Food Ven	, , , <u> </u>	pplicant from the Williamson approval of this application.	County & Cities Health D
Name:		Driver's License No.:	
Business Name:		Sales Tax No.:	
Business Tax Identifi	cation No.:	Street Address:	
City:		Zip Code:	
State:		E-mail:	
Phone No.:		Fax No.:	
VENDOR CONTACT	INFORMATION (Primary Contact t	for the mobile food vendor un	nit while in route)
Name:		Street Address:	
City:		Zip Code:	
State:		E-mail:	
Phone No.:		Fax No.:	

FOOD SERVICE ESTABLISHMENT INFORMATION			
Name of Business:	Phone No.:		
Street Address:			
UNIT INFORMATION			
Make:	Model:		
Year:	Vehicle Identification No.:		
License Plate No.:	Color of unit:		
Description of Edible Goods being sold:			
Description of signage (banners require a separate per	mit).		
Description of signage (barmers require a separate per	mit):		
LIST OF EMPLOYEES			
Employee Name	Employee Food Handler Permit #		
1)			
2)			
3)			
4)			
5)			
_6)			
7)			
_8)			
9)			
10)			

As the employer of individuals whose names are listed in this application, I accept the responsibilities imposed by State Law for the acts of my employees. (Initial)

Has the applicant or any employee listed been found guilty of a gainst property and / or a felony by any Court in this State or	
☐ Yes ☐ No	
If "yes", identify the individual, offense, State of conviction and	penalty imposed:
Does the applicant or any employee listed have any unpaid cive possession arising from a business activity which would have be	
☐ Yes ☐ No	
A copy of Chapter 39 of the Texas Business and Commerce Coapplicant. (Initial)	ode has been made available to me, the
A copy of the City Ordinance for Mobile Food Vendors has bee applicant. (Initial)	en made available to me, the
STATE OF TEXAS	
COUNTY OF WILLIAMSON Before me, the undersigned Notary Public, on this day persona	ally appeared , who,
after being duly sworn, stated under oath that he / she has recontained herein is within his / her personal knowledge and is t	ead the above statements and that every statement
	Signature of Applicant
	Title
	Title
SUBSCRIBED AND SWORN TO BEFORE ME on this	day of, 20
	Notary Public in and for the State of Texas

MOBILE FOOD VENDOR MINIMUM REQUIREMENTS CITY ORDINANCES MUST BE MET INCLUDING BUT NOT LIMITED TO THE FOLLOWING:

☐ 1. State of Incorporation or filing of a partnership or articles of association for the Mobile business.
2. Copy of Charter or Articles of Incorporation and current listing of directors, partners, or principles (if applicable).
☐ 3. A statement as to the location of the goods at the time of permitting and sale, and proof of product origin and a bill of sale for those goods (upon Staff's request).
4. Copy of permits to do business in Texas
5. Copy of the Williamson County & Cities Health District permit issued to the Mobile Food Establishment.

When this application has been deemed complete by Staff of the Planning Department and Planning & Zoning Commission, the applicant will be contacted. Application approval is based upon compliance with the Mobile Food Vendor Ordinance and with WCCHD requirements.

9/3/2015